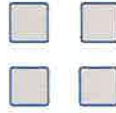




BSD



AT HOME SCREENING

SECTION 1: SYMPTOMS

DO NOT send your child to school if they have or anyone in the household has any of the following symptoms.

DO contact the Nurse's Office to report your child's absence and symptoms.

<input type="checkbox"/>	Temperature 100.4° or higher taken by mouth (without the use of medication)
<input type="checkbox"/>	New cough
<input type="checkbox"/>	Difficulty breathing, shortness of breath or severe wheezing
<input type="checkbox"/>	Sore throat, headache, congestion or runny nose
<input type="checkbox"/>	Muscle or body aches, chills, or fatigue
<input type="checkbox"/>	Diarrhea, vomiting, nausea, or abdominal pain
<input type="checkbox"/>	Loss of taste or smell or change in taste

SECTION 2: CLOSE CONTACT/POTENTIAL EXPOSURE

<input type="checkbox"/>	DO NOT send your child to school if they have been within 6 feet of a COVID positive person for a total of 15 minutes in a 24-hour period
<input type="checkbox"/>	DO contact the school nurse and report exposure.